

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **0724962**
APPLICANT(S)

FILED DATE **12-1-07**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
IND	DEP	IND	DEP	IND	DEP	
1	1			1		
2		1			1	
3			1		1	
4		0			1	
5		0		(1)	2	
6		0			2	
7		1			1	
8		0		1	1	
9		0		2	2	
10		2		inval		
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TOTAL IND.	1		2		1	
TOTAL DEP.	10		8		4	
TOTAL CLAIMS	11		10		12	

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